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It does NOT get mailed to the applicant.

**NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)**

APPLICATION NUMBER: _____

Total Fee Calculation

Fee Code Sm./Lg.	Total # Claims	Number Extra X	Fee	Fee		Total
				Sm. Entity	Lg. Entity	
Basic Filing Fee 201/101						
Total Claims >20 203/103						
Independent Claims >3 202/102						
Mult. Dep Claim Present 204/104						
Surcharge 205/105						
English Translation 139						

TOTAL FEE CALCULATION

892

Fees due upon filing the application:

Total Filing Fees Due = \$ 892

Less Filing Fees Submitted \$

BALANCE DUE = \$ 892

J. Mayer
Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/192028

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 = *	4
INDEPENDENT CLAIMS	24 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE OR

OTHER THAN
SMALL ENTITY

RATE	Fee
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	Fee
	690.00
X\$18=	122
X78=	
+260=	
TOTAL	112

SMALL ENTITY OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.